



Accredited Vascular Diagnostic Laboratory

TOLL FREE: 866-695-VEIN (8346)
FAX: 301-624-5837

- 77 Thomas Johnson Drive, Suite E Frederick, MD 21702
201 North George Street, Suite 103 Charles Town, WV 25414
6410 Rockledge Drive, Suite 500, Bethesda, MD 20817

Patient Name: _____

Referring Physician: _____

Diagnosis: _____

- Venous Duplex (Rule out DVT): left leg right leg bilateral
Venous Duplex (Rule out insufficiency): left leg right leg bilateral
Lower Extremity Arterial Duplex: left leg right leg bilateral
PVR's with Segmental Pressures: left leg right leg bilateral
Carotid Duplex: left leg right leg bilateral
Abdominal Aortic Aneurysm Duplex (Patient to fast for study)
Renal Artery Duplex (Patient to fast for study)



Telephone Vascular lab results to: _____

Fax Vascular lab results to: _____

Comments: _____

M.D. Signature: _____ Date _____